



Bay Pines VA Healthcare System  
Orthopedic Physical Therapy Residency  
Resident Handbook  
2024-2025

Dear Physical Therapy Residents,

Welcome to the Bay Pines VA Orthopedic Residency Program! We look forward to the working journey ahead as we aim to provide you, the resident, with a comprehensive educational experience. Our program has been designed to improve your clinical skills and prepare you to become an Orthopedic clinical specialist in physical therapy.

For novice clinicians, the initial years of practice are a time of both challenge and change. Novice clinicians frequently experience cognitive dissonance with respect to theoretical knowledge and the realities of clinical practice. Developing expertise occurs as a process of change within the individual (knowledge, skills, thinking) that depends on the development of habits of mind such as self-awareness, cognitive flexibility, and critical self-reflection. The process is essential in mediating movement from the mere accumulation of years of experience to the acquisition of expertise.

The first year of practice is a key period in the transition to professional expertise, and the community of practice in which novice therapists work undoubtedly plays a critical role. Clinical environments that have role models and mentors present help facilitate and support the development of clinical expertise. By providing a robust clinical learning experience and supportive mentorship, a residency can help the clinician to bridge the gap from novice to specialist.

Expert clinicians are person-centered, self-reflective, evidence-informed, and committed to lifelong learning and clinical growth. Our goal is to graduate residents who embody these characteristics. Thank you for allowing us to be a part of your clinical journey. We are fully committed to your success.

Sincerely,

Matthew Prince PT, DPT, OCS

PT Residency Director, Bay Pines VA

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### Faculty and Support Staff

Core Faculty	
Matthew Prince PT, OCS	Residency Director
Nick Drizd PT, OCS, COMT	Core Faculty
Megan Graff PT, OCS, FAAOMPT	Core Faculty
Wade Burd PT, MPT	Core Faculty
Leadership	
Shanti Ganesh, MD	PMRS Chief
Sara Dodrill PT, DPT	PT Supervisor
Kimberly Cao MD	Designated Educational Official (DEO)
Adjunct Clinical Experience Staff	
Tiffany Gooding PT	Pediatric PT Director for John Hopkins
Denise McDonald OT, CHT	Hand Therapist
Medical Observation Experience Staff	
Luiz De Souza MD	Pain Physician
Jodi Shields MD	Physiatrist
Trevor Born MD	Orthopedic Surgeon

**Background:** The VAHCS operates nine facilities, serves 10 counties, and provides services to greater than 108,000 Veterans annually. The CW Bill Young VA medical center is located in Bay Pines Florida and is a 260 operational bed level 1a tertiary care facility. The Bay Pines Facility is fully accredited by the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF). The Physical Medicine and Rehabilitation Service (PMRS) for Bay Pines VA includes physiatry, chiropractic care, acupuncture, pain interventional management, kinesiotherapy, physical therapy, and occupational therapy. Physical therapy within the physical medicine and rehabilitation service provides specialty and collaborative care in the following areas; CARF accredited inpatient rehabilitation program, TBI rehabilitation program, amputee program including screening, prevention, inpatient/outpatient amputee care, pelvic health, interdisciplinary outpatient chronic pain management program, falls clinic, vestibular, orthopedic acute/inpatient post-operative care, safe patient handling program, musculoskeletal orthopedic outpatient, geriatric, community living center and home based primary care (HBPC).

## **Mission, Goals, Outcomes**

**Program Mission:** To provide evidence-based education, advanced training, and high-quality mentorship which will prepare qualified physical therapists for orthopedic specialty practice, enhance the quality of orthopedic rehabilitative care they provide to the patients they serve and prepare graduates to contribute to the profession of physical therapy through education, leadership, and research to improve the health of society. The program participates in continuous process improvement and actively addresses strategic initiatives to sustain and maintain the program all while supporting the VA's mission.

### **Program Goals:**

1. To recruit and train qualified physical therapy residents who are able to provide exceptional orthopedic specialist physical therapy care to veterans within the Bay Pines VA healthcare system.
2. To provide a structured program of exceptional clinical mentoring that leads to the development of clinical self-reflection, systematic clinical reasoning and improved clinical decision-making.
3. To prepare residents to apply evidence-based orthopedic specialty physical therapy knowledge and psychomotor skills to enhance clinical practice
4. To provide clinical experiences to a variety of practice settings, diverse patient populations, and interprofessional collaborative experiences which will prepare the resident for orthopedic specialty practice.
5. To graduate professional residents who will be committed to pursuing and obtaining board certification through ABPTS and who will strive to be advocates of orthopedic physical therapy practice and passionately work to educate the communities and health systems they serve.
6. The program will obtain and maintain 'good standing' and full ABPTRFE accreditation status.
7. The program will maintain program sustainability and financial stability.

### **Program Outcomes:**

1. Perform patient examination, evaluation, diagnosis, prognosis, intervention, and clinical reasoning consistent with advanced level orthopedic physical therapy practice that demonstrates advanced knowledge, skills, and abilities consistent with those described in the current ABPTRFE Description of Residency Practice (DRP) in orthopedic physical therapy.
2. Demonstrate knowledge, skills, and abilities to locate, review, appraise, apply, and integrate current orthopedic physical therapy evidence into patient care consistent with principles of evidence-based practice.
3. Demonstrate effective written, verbal, and non-verbal communication skills during patient, professional, and interprofessional interactions with the ability to adapt to diverse situations and communication styles that facilitates positive outcomes.
4. Demonstrate advanced skills as an educator utilizing educational strategies appropriate to the settings and needs of the learner to clearly explain and model

orthopedic physical therapy and patient management principles to patients, interns, colleagues, peers, and other healthcare professionals.

5. Demonstrate behaviors consistent with a commitment to lifelong learning and the pursuit of advanced knowledge skills and abilities through the ability to self-reflect and receive ongoing input from self, mentors, and others as a tool for professional growth and development.
6. Successfully complete residency to be prepared to sit for and successfully pass the ABPTS board certification examination.
7. Promote professionalism within the practice of physical therapy through professional growth, involvement, leadership, collaboration, and contribution.

## **Program Overview**

**Program Duration:** The Bay Pines VA orthopedic residency is expected to be completed within 12 months, with a maximum of 2080 hours of instruction and patient care. The resident is onboarded as a temporary employee of the VA during the training period. The anticipated start date for the academic year is August 5<sup>th</sup> 2024 and will end on August 1<sup>st</sup> 2025. Residents in jeopardy of not successfully completing the residency within the allotted time frame may require an unpaid extension not to exceed two months beyond the residency end date for remediation purposes.

**Program Cost:** The US Department of Veterans Affairs' Office of Academic Affiliations (OAA) funds all Residency programs in VA. As such the Resident will pay no tuition to the VA. There are no fees or tuition costs associated with this residency program. Upon graduation from the Program, the graduates will sit for the orthopedic specialist examination through ABPTS. The graduate will be responsible for all costs associated with testing for the OCS. Residents are also encouraged to obtain their own personal liability insurance to cover their curricular experiences at outside institutions. Information is provided at orientation regarding obtaining coverage with HPSO through APTA.

**Stipend/Financial Compensation:** The resident will receive a stipend through OAA, paid on a bi-weekly basis. OAA sets a predetermined stipend amount annually. The approved Physical Therapy Resident stipend expected for the 2024-2025 academic year is approximately \$52,108.

**Hours of Work:** The resident will be expected to work 40 hours per week. During much of the residency 32 out of 40 hours will be dedicated to clinical care and 8 hours will be dedicated to education and learning activities. Additionally, during most weeks, 4 hours of the 32 hours of clinical hours will include 1:1 clinical mentoring. The typical tour of duty is 0830-1700 Monday through Friday. The specific start and end times though may be variable during specialty clinical rotation which is more dependent on the specialty clinic schedule. While there is approved educational time for the resident during much of the residency it is also expected that the resident will commit some personal time to review materials, study for examinations, and complete assignments and/or special projects.

**Benefits:** VA residents have standard benefits of 11 paid federal holidays, 4 hours of Sick leave and 4 hours of annual leave per pay period, bi-weekly (up to 104 hours over 26 pay periods for each). Residents are contracted federal employees with a contract that terminates prior to one year and as such they are eligible for healthcare benefits but are not eligible for the full benefits package such as vision, dental, FMLA, paid parental leave etc.

**Accreditation Status and ABPTS Certification:** The Bay Pines Orthopedic Physical Therapy Residency Program is developing program/candidate for accreditation and will be seeking accreditation in 2024-2025. Applicants who are currently enrolled in an ABPTRFE-accredited clinical residency or are enrolled in a residency program that has been granted candidacy status may apply for the specialist certification examination in the appropriate specialty area prior to the completion of the clinical residency.

## **Admission and Retention Policies**

**Admission Criteria:** The program will admit up to one resident each year. Residents must meet the minimal eligibility criteria for participation in the Program which is listed below.

1. Applicant must meet the standard conditions for employment for VA physical therapists which includes all the following:
  - I. You must be a United States citizen.
  - II. Applicants tentatively selected for VA employment in a testing designated position are subject to a urinalysis to screen for illegal drug use prior to appointment. Applicants who refuse to be tested will be denied employment with the VA.
  - III. Selective Service Registration is required for males born after 12/31/1959.
  - IV. Individuals appointed under authority of 38 U.S.C chapters 73 or 74, to serve in a direct patient-care capacity in the VHA must be proficient in written and spoken English.
  - V. Subject to background/security investigation and are required to submit identification documents that meet VA security requirements. See <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>
  - VI. Results of screening against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). See: <https://exclusions.oig.hhs.gov/>.
  - VII. Tuberculosis screening and hepatitis B vaccination. In cases in which the applicant has not had a hepatitis B vaccine or tuberculosis screening the VA facility will refuse the trainee appointment until the required vaccinations/screenings are performed have been performed or a declination waiver has been signed. The hepatitis B vaccination and tuberculosis screening may be done by the facility.
  - VIII. Must pass a pre-employment physical examination.
  - IX. Hold active CPR/BLS certification.
  - X. Participation in the seasonal influenza vaccination program and the COVID-19 vaccination program is a requirement for all Veterans Health Administration Personnel.
    - I. Pursuant to VHA Directive 1193.01, VHA health care personnel (HCP) are required to be fully vaccinated COVID-19 subject to such accommodations as required by law (i.e., medical, religious or pregnancy). VHA HCPs do not include remote workers who only infrequently enter VHA locations. If selected, you will be required to be fully vaccinated against COVID-19 and submit documentation of proof of vaccination before your start date. The agency will provide additional information regarding what information or documentation will be needed and how you can request a legally required accommodation from this requirement using the reasonable accommodation process.
2. The applicant should hold a full, current, and unrestricted license to practice in a State, Territory or Commonwealth of the United States, or in the District of Columbia.
  - I. If the applicant has not yet graduated at the time of application, then the applicant is expected update the program with proof of graduation and proof of registration for the national physical therapy exam prior to start of the program.



- a. If the program fails to receive updated information, then the resident offer can be rescinded, and the resident will not be able to start the program.
  - b. If the program starts before the applicant has sat for the national exam, then the applicant must obtain a temporary permit from the state of Florida. If the applicant does not obtain a temporary permit, then in such situation the applicant will not be allowed to start in the program and the resident offer can be rescinded.
  - c. If the applicant fails to pass the national physical therapy exam, then they must pass successfully before the temporary permit expires which is 6 months from the date of issue. Failure of a resident to pass the NPTE within 6 months of issuance of a temporary permit from the state of Florida will result in immediate dismissal from the program.
  - d. Information on Temporary Permits for Physical Therapist in the State of Florida can be found here.  
<https://floridasphysicaltherapy.gov/licensing/u-s-trained-physical-therapist-by-examination-with-temporary-permit/>
  - e. Information on the national physical therapy exam test dates can be found here. <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Dates-and-Deadlines>
3. Education and experience: The individual must meet at least one of the requirements below:
- I. Bachelor's degree in physical therapy AND five years of progressively independent experience as a physical therapist OR
  - II. Master's degree in physical therapy AND two years of progressively independent experience as a physical therapy OR
  - III. Doctorate degree in physical therapy OR are currently enrolled in a doctorate in physical therapy program with a graduation date prior to the start of the residency program.
  - IV. Individuals must be a graduate or near graduation from a college or university that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).
    - I. A transcript must be submitted with your application. Failure to provide transcript to verify education will result in the applicant being denied employment with the VA.

Application Process: The applicant must submit a completed application portfolio directly to PT program director at [matthew.prince2@va.gov](mailto:matthew.prince2@va.gov). The application should include:

- 1) completed residency application form with resume.
- 2) transcripts of entry level physical therapy education,
- 3) state license # or plan for obtaining prior to the residency start date.
- 4) Two letters of recommendation from individuals who can speak to their clinical skills.
  - a. One reference must be from a PT who taught the applicant in an academic setting and one reference must be from a PT where the applicant was employed or was a student.
- 5) *Complete two* essays with you application. Essays should be typed on separate pages and included with your application.

- Describe your reasons for choosing to apply for the orthopedic residency. Indicate any strengths and/or weaknesses that might influence your pursuit of this program.
  - Elaborate on at least two clinical experiences (a particularly challenging or interesting case, a job, or a clinical internship) that you feel will contribute to your ability to succeed in our program. Limit your essay to 1000 words.
- 6) Complete a panel interview at Bay VAHCS or through video in cases of travel hardship.
- a. Interview Process: Superior applicants will be chosen to participate in the interview process with members of the Residency Admissions Committee which includes representatives from each of the clinical partners of the Program. This committee will also review relevant policies and procedures related to admission/selection/retention criteria. I
  - b. Interview criteria used in assessing the applicant during the interview include the applicant's presentation, communication skills, ability to clearly verbalize their goals and objectives, and reasons for applying to the residency.
  - c. Following the interview process, members of the interview panel will rank their choices and discuss their ranking.
  - d. Top ranked candidates will be notified within 1 to 2 weeks following the interviews.
  - e. If an applicant declines or withdraws from consideration, the next applicant on the list will be notified.
  - f. If the Admissions Committee does not feel that other candidates were qualified or a good fit for the program, it is possible that a residency slot may not be filled.
- 7) The application deadline date will be March 1<sup>st</sup>, 2024. The applicant selection process is anticipated to be finalized within two weeks.

**BLS Certification:** BLS certification is required for all clinically active staff employed within VA which includes all individuals that provide direct clinical care to patients. Health profession trainees are responsible for maintaining the BLS or ACLS certification required by their national accrediting body or local program certification standards.

**Orientation:** The VA will provide orientation and training for facility-specific skills like electronic documentation and assessment of clinical competencies. Documentation is reviewed and discussed regularly throughout the residency year as required by VHA Handbook 1400.04, in which the resident is considered an "associated health trainee."

**Retention: Maintaining Active Status:** For the resident to maintain active status in the program, minimum requirements include:

- Follow all national and local VA policies (which can be subject to change)
- Abide by the APTA physical therapy code of ethics. (Listed below)
- Complete all assigned work and meet all academic benchmarks (found on pg. 24)

## **APTA Physical Therapy Code of Ethics:**

Principle #1. Physical Therapists shall respect the inherent dignity and rights of all individuals.

- 1A. Physical Therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.
- 1B. Physical Therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle 2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self- assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

**Leave of Absence:** Residents are given 4 hours of sick leave and 4 hours of annual leave per pay period for a total of up to 104 hours across the program. Should the resident utilize all available sick or annual leave hours and has a need for additional time off such as in cases of personal emergency then the resident can be granted leave without pay status for a period not to exceed 60 days. However, the resident must also complete all requirements of the program which includes 1500 clinical hours and 300 didactic hours. Should resident at the end of the year not have completed these hours the resident would be required to continue as a without compensation status employee for up to two months beyond the original termination date in order to make up the required hours. The resident can make up hours during the year and could include weekend hours, evenings, holidays, and/or additional time at the end of the residency.

**Withdrawal:** A resident can choose to remove him/herself from the residency program at any time by notifying the Residency Program Director or Training Director. If one should choose to leave the program early, they will not have successfully completed the program and will be subject to the provisions of their employment contract.

## **Resources**

**Email:** Your email will be set up during IT sponsorship by the department. Your email will be accessible through VA Microsoft outlook. You are expected to check your email daily as it will be used to communicate with faculty.

**TEAMS:** Microsoft Teams will be used throughout the program to deliver access to the curriculum and to submit various assignments during the program.

**Library:** The Veterans Affairs Library Network (VALNET) is the largest health care library network in the United States, providing library services and resources to Veteran inpatients and outpatients, their families, and caregivers; Department of Veterans Affairs (VA) staff and employees; and students and trainees in affiliated teaching programs. VALNET librarians provide knowledge-based information for clinical and management decision-making, research, and education to enhance the quality of care for veterans enrolled in the VA health care system.

<https://www.va.gov/LIBRARY/VALNET/index.asp>

Remote Access with LibLynx Account: Access library resources from home or away from work without VPN by using a Liblynx account for remote access. A liblynx account allows you to access library resources with a single username and password when you are not on the VA network.

To register for LibLynx Account <https://liblynxgateway.com/gw-signup/va/register>  
For problems or questions please contact the [Library Network Office](#).

**EAP:** The VA offers the Employee Assistance Program, which is a confidential counseling program available to employees who are having problems performing at work due to problems in and out of the workplace. EAP also offers support to groups who are dealing with larger scale crises/needs, such as the death of an employee or patient.

## **Example Acceptance Letter**

Dear @@@

We are pleased to inform you that you have been selected from a pool of highly competitive candidates for a position within our Physical Therapy Orthopedic Residency Program. As you are aware this offer/position is a temporary, one-year clinical appointment at no additional cost to you.

It is contingent upon the following:

1. Successful completion of a CAPTE accredited doctoral physical therapy program.
2. Successful/satisfactory completion of the National Physical Therapy Examination (NPTE)
3. Physical therapy licensure within one of the 50 states of the U.S.
  - Or obtain temporary license permit through the State of Florida prior to the start of the residency and must successfully pass the licensure exam within 6 months of obtaining the temporary permit
4. Meet eligibility requirements (see pg. 8-9 of the attached handbook)
5. Willingness and ability to comply fully with residency program requirements

### **Details:**

- Residency appointment begins August 5<sup>th</sup>, 2024, and ends August 1<sup>st</sup>, 2025
- Fixed Stipend: \$52,108 to include optional health benefits.
- Tour of Duty: Monday through Friday 0830 AM to 5:00 PM
- Accrued sick and annual leave with paid Federal Holidays
- Liability coverage and protection under Federal Tort Claims Act
- As temporary employees, residents do not have a probationary period and may be dismissed from the program at any time for grounds specified in the Early Dismissal/Unsatisfactory Performance Standard Operating Procedure (SOP).
- Residents in jeopardy of not successfully completing the residency within the allotted timeframe may require an unpaid extension, up to a maximum of 60 days beyond the residency end date, for remediation purpose.

Attached to this letter is a copy of the handbook outlining all policies and procedures. Please sign and return this letter to the residency director as soon as possible. Your signature indicates acceptance of the offer and your commitment and intention to fully participate in all elements of the program and comply with all policies and procedures.

Resident Name:

Resident Signature:

Date:

## **Program Assessments**

**Initial Competence:** An individual who has graduated from an accredited Physical Therapy program and who has passed or is scheduled to sit for the PT licensure exam is deemed to have initial competence and safety skills for entry to the clinical setting. It is expected that by the end of 2 weeks, the Resident will demonstrate entry-level performance as evident by Residency Competency Evaluation Instrument (Level 1).

**Equipment Competence:** The resident will also be oriented to all equipment in the department and then complete a competency assessment. A competency assessment is standard for all new therapists and should be performed prior to an employee utilizing any equipment with veterans. This is to ensure the therapist has had an opportunity to review procedures for all equipment specific to Bay Pines. Two verification methods are required to validate and measure the proficiency of an individual for a specific task and can include demonstrations, observation, simulation, verbalization, etc. The resident should demonstrate competency with equipment commonly utilized at the facility. Additionally, residents should also be prepared to demonstrate basic competency in the performance of manual therapy techniques.

**Resident expectations prior to completion:** The resident prior to expiration or termination of this contract shall immediately deliver any VA property in possession including keys, identification badges, borrowed texts, and any other equipment or material, directly to Bay Pines VA physical therapy department. Residents currently enrolled in an ABPTRFE-accredited residency can be conditionally approved to sit for the specialist certification examination in the appropriate specialty prior to completion of the residency. Residents of Bay Pines VA Orthopedic PT residency must apply to take the ABPTS board certification exam prior to graduation. The resident is responsible for fees associated with the application and examination. Upon graduation the residency will provide the resident with evidence of successful completion of the residency program that can be submitted to ABPTRFE to allow the resident to schedule the examination.

**Resident Clinical Skill Performance and Knowledge Assessments:** The program uses several different forms, examinations, and evaluations to provide formative and summative feedback and assess resident progress and competency. Details of these can be found on pg. 22.

**Residency Director Meetings:** During the residency program, there are regularly scheduled (biweekly) meetings between the residency director and the resident to allow for ongoing feedback, assessment of the resident and the overall program. This allows potential problems or barriers to be addressed early and successfully, limiting any negative effects from challenges within the program.



**Resident Mentor Evaluations:** The resident will informally evaluate each mentor session by filling out their self-reflection form which prompts the resident for feedback about the mentoring session. The program director can review these forms to monitor feedback. In addition, the program director has a scheduled meeting with the resident at least once every two weeks. The resident can give feedback on the program and mentoring during these meetings. The resident will also formally evaluate faculty participating as clinical mentors every 3 months using the "Program Participant Evaluation of Mentor" form. The completed form will be maintained by the residency director in the personnel file for each mentor.

**Specialty Practice Observation:** There will be opportunities that involve other individuals that are not listed as faculty. These opportunities benefit to the program will be reflected upon in the weekly logbook. This feedback will be used to determine modification to clinical residency experiences.

**Evaluation of Program:** The resident is responsible for completing a Program Evaluation at 6 month and 12 -month time frames. A 24 month follow up graduate survey will be sent to the resident, inquiring as to the type of position they took following their graduation from the residency, whether- or- not they passed their OCS exam, and a self-assessment of the skills they developed during their participation in the Program, including any feedback / suggestions they would have regarding the Program.

**Exit Interview:** An exit interview will be performed with the residents at the end of the Program to gather information regarding strengths and areas of improvement for program development.

**Mentors Evaluation:** Each mentor will receive an evaluation from a peer at least annually. The "Peer Evaluation of Mentor" form will be used to provide feedback. Feedback is provided to the Mentor and Residency Director. This form will be maintained in the personnel file. Mentors are also assessed at least annually by the Residency Director using the "Program Director Evaluation of Mentor" form. This information is shared with the mentor and will be retained in the personnel file for each mentor.

## **Curriculum Overview**

**Program Curriculum:** The program consists of key components listed below.

1. Didactic Curriculum: The didactic curriculum is based on the most recent description of residency practice and includes learning modules from the Orthopedic Physical Therapy Section of the APTA, in-person labs and courses through MedBridge.
2. Clinical Experiences: The clinical curriculum includes experiences in orthopedic post-surgical rehab, hand therapy, chronic pain management, outpatient orthopedics, and pediatric sport medicine. Opportunities for interprofessional collaboration and surgical or procedure observation are built into the clinical experiences.
3. Individual Clinical Mentoring: One on one clinical mentoring is provided throughout the duration of the program. Clinical mentoring is provided weekly with direct resident supervision, assistance, and feedback to enhance clinical practice. Mentors are on site.
4. Scholarly Work: The program emphasizes scholarly work by providing opportunities throughout the year for the resident to participate in. Examples include but are not limited to journal club, in-services, critically appraised topics, program development, quality improvement projects.

**Didactic Curriculum:** The program uses the most current version of the Academy of Orthopedic Physical Therapy (AOPT) curriculum modules as the didactic reading material. The following reading modules are expected to be completed by the resident.

- 1) Current concepts for orthopedic practice
- 2) Post Operative Management of Orthopedic Surgery
- 3) Imaging
- 4) Pharmacology
- 5) Outcomes
- 6) Orthopedic Screening
- 7) Frontiers of Orthopedic Science

Additionally, residents are expected to complete the following courses through MedBridge:

- o MedBridge Courses (Approx 12 hours total)
  1. Introduction to Pediatric and Adolescent Athletic Rehabilitation - Lauren Butler
  2. Assessing Pediatric and Adolescent Patients - Lauren Butler and Jeffrey Fernandez
  3. Advanced Rehab Concepts for Pediatric and Adolescent ACL Injuries - Lauren Butler
  4. Common Spinal Pathologies in Pediatric and Adolescent Patients - Kristin Hayden
  5. Common Hip and Pelvic Pathologies in Pediatric & Adolescent Patients - Kristin Hayden

6. Evidence Based Examination of the Elbow, Wrist and Hand – Chad Cook (2 hours)
7. Evidence Based Treatment of the Elbow, Wrist and Hand – Chad Cook (2 hours)

**Individual Clinical Mentoring:** During rotations of inpatient and outpatient orthopedic post-surgical physical therapy and outpatient orthopedic physical therapy, they will receive a total of 4 hours of clinical mentoring each week which will total over the course of the year to 176 hours of 1:1 mentoring. There are no scheduled mentoring times during clinical rotations of pediatric sports, hand therapy, and chronic pain however, the resident is encouraged to request time to meet with one of the primary mentors if needed.

**Mentor Forms:** Each week the resident is required to complete and submit one clinical reasoning form and one clinical reflection form. The clinical reasoning forms are designed to be completed during the patient encounter. The clinical reflection forms are designed to be completed later after the clinical encounter. Residents will also be required to maintain a patient logbook during their time in the residency.

**Mentor Expectations:** Mentors are expected to help foster a positive learning environment and set expectations that are appropriate to the learner's stage of development. The mentors are expected to be transparent, open, and honest with the mentee about their progress and challenges.

**Mentee Expectations:** Residents who are acting in the mentee role also need to consider how they can help maximize learning during the mentoring experience. Mentees are expected to be actively involved and invested in their own learning and communicate honestly with the mentor about their progress and challenges.

**Clinical Experiences:** The clinical curriculum is organized in a defined order across the year and was set based upon the specific sequence of clinical curricular components that increase in clinical complexity as the year progresses.

Experience 1: Inpatient and outpatient orthopedic post-surgical clinic (Weeks 1-10). The first clinical rotation the resident encounters will be working in an inpatient and outpatient setting primarily seeing patients who have recently completed orthopedic surgery. Early on focus is on clinical reasoning, goal setting, and establishing baseline competency levels. The resident works side by side with clinical mentors to orient to staff, the facility, clinic organization, and documentation. Time is also spent to establish a framework for receiving feedback to help clinical growth throughout the program by setting initial goals and discussing learning preferences. During the first 4 weeks, they will exclusively see lower extremity post-surgical patients. Gradually then they will be exposed to see a mix of both lower-extremity and upper-extremity orthopedic surgery patients. During this time the resident is expected to be working through AOPT modules primarily for postoperative management and current concepts for the hip, knee, foot/ankle, and shoulder. The resident is expected to work in this clinic for 8 weeks. The resident will also spend several days observing orthopedic surgical procedures.

Experience 2: Hand Therapy (Weeks 11-12) The resident will complete two weeks of shadowing a certified hand therapist at CWY Bill Young Main Campus. Didactic modules completed during this time are the AOPT modules primarily for postoperative management and current concepts for the elbow and wrist/hand.

Experience 3: Pediatric Outpatient PT (Weeks 12-13) The resident will complete a two-week experience off-site at a pediatric orthopedic and sports medicine clinic. The clinic is run by John Hopkins Children's Hospital. The resident is expected to complete didactic modules for pediatric orthopedic physical therapy during this time.

Experience 4: Outpatient Orthopedic: (Weeks 14-49) During this time the resident will work in an outpatient setting managing a caseload of outpatient orthopedic physical therapy patients for 9 months (36 weeks). During this time the resident will be completing didactic modules for screening, pharmacology, imaging, frontiers in orthopedic science, outcomes, post-operative management for the spine, and current concepts for the low back, neck, TMJ, elbow, thoracic spine, and pelvis.

Experience 5: Chronic Pain Clinic: (Weeks 50-52) During this time the resident will work alongside an outpatient chronic pain therapist who provides interdisciplinary pain care. Didactic modules for chronic pain will be completed during this time. The resident will also observe pain procedures and EMG testing. During this time resident will also complete final scoring on residency competency evaluation instrument and complete any outstanding written examinations, feedback assessments, and exit interview. Certificate of completion to be awarded at this time and time will be set aside to ensure the resident will be processed out of facility per facility policies and procedures.

**Scholarly Work:** The program emphasizes scholarly work by providing opportunities throughout the year for the resident to participate in. Examples include but are not limited to journal club, in-services, critically appraised topics, program development, quality improvement projects. The resident is required to present at 4 (CAT reviews) in-services, and present at least four times at journal club meetings. The resident must also participate in development, implementation, and assessment of a quality improvement project. These experiences will help to enhance retention and understanding of learned content but also importantly give the resident an opportunity to also develop core residency competencies.

Additional Clinical Experiences: During weeks 2-10 the resident attends clinical labs focused on development of clinical skills.

### **Forms and Assessments used during program.**

**Mentoring worksheets** are clinically oriented forms that the resident fills out before and immediately following a patient encounter. The clinical mentor also fills out the form to provide the resident with written feedback and suggestions. The forms help to keep a mentoring session productive and can be viewed over time to reflect the ongoing development of clinical reasoning and decision-making skills.

**Self-reflection worksheets** are forms that the resident completes after the mentoring sessions. It provides a broader overview of the mentoring session and prompts the resident to reflect on what occurred during the session and aims to develop metacognitive skills.

**Resident Clinical Skill Performance and Knowledge:** Residents are assessed in several ways throughout the program. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education. The following assessments are used during the program.

- 1) **Live Patient Examination Evaluation:** The resident is evaluated on performance during a clinical encounter and is used to provide the resident with a formal written evaluation of clinical skills. Two patient examination evaluations will be completed throughout the program. These occur at the midpoint and end point of the outpatient orthopedic clinical rotation.
- 2) **Resident Written Examinations:** All didactic written examinations are set at a passing grade of at least 70%. The residents will have a final examination addressing the core curriculum.
- 3) **Resident Clinical Skills Performance Evaluation:** This evaluation is the practice portion of the assessment tool for physical therapist published by the APTA orthopedic section that is designed to assess skills in orthopedic physical therapy related to the description of specialty practice. This tool will be completed at the midpoint and end point of the outpatient orthopedic clinical rotation.
- 4) **Resident Competency Evaluation Instrument-** This is an instrument published by APTA that measures the core competencies expected of a physical therapist resident upon graduation from the program. These domains of competence are broad in nature, representing the residency expectations of all specialty areas of practice. This tool will be completed at the start of the program, at the mid-point of the program and close to the final weeks of the program.

**Example Schedule such as during Outpatient Orthopedic Rotation** *\*(unofficial)*

<u>Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Sat/Sun</u>
0830-0900	Educational Hours - On Site	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Off
0900-0930		Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
0930-1000						
1000-1030		Pt. Care - EVAL - Mentoring	Pt. Care - EVAL	Pt. Care - EVAL - Mentoring	Pt. Care - EVAL	
1030-1100						
1100-1130		Pt. Care - Follow up - Mentoring	Pt. Care -Follow up	Pt. Care - Follow up - Mentoring	Pt. Care - Follow up	
1130-1200		Pt. Care - Follow up - Mentoring	Pt. Care - Follow up	Pt. Care - Follow Up - Mentoring	Pt. Care - Follow up	
1200-1230	LUNCH					
1230-1300	Journal Club	Documentation Time	Documentation Time	Documentation Time	Documentation Time	
1300-1330	Educational Hours - On Site	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
1330-1400						
1400-1430		Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	Pt. Care - EVAL	
1430-1500						
1500-1530		Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	
1530-1600		Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	Pt. Care - Follow up	
1600-1630		Documentation Time	Documentation Time	Documentation Time	Documentation Time	
1630-1700	Documentation Time	Documentation Time	Documentation Time	Documentation Time		
1700	Off - End of Tour of Duty					

**Hours Breakdown Per Clinical Experience**

	Number of Weeks	Hours per week (Clinical/Edu/Mentoring)	Total Hours per experience (Clinical/Edu/Mentoring)
Outpatient Post Operative Clinic	10	32/8/4	320/80/40
Hand Therapy	2	32/8/0	64/16/0
Pediatric Sports Therapy	2	32/8/0	64/16/0
Outpatient Ortho	35	32/8/4	1120/280/140
Chronic Pain	3	32/8/0	96/16/0
Total Hours (Clinical/Edu/Mentoring)	52		1664/408/180
*Holiday Adjustment	11 Holidays - 6 Mon/2 Thurs/2 Wed/1 Fri		1624/360/180

## **Resident Graduation Requirements:**

To complete the program residents will be required to complete both clinical and didactic requirements. Should these requirements not be met the resident will not have successfully passed the program and would not be eligible to be awarded a certificate of completion and would not be eligible to obtain board certification. Failure to achieve performance milestones during the program will result in the resident being placed on academic probation with a requirement to remediate the material and successfully achieve the milestone within a specific timeframe. Should the resident fail to achieve the requirements of the remediation plan will result in dismissal from the program. See pg. 28 for more details.

### Didactic:

- 1) Complete readings for all didactic modules (>300 educational hours)
- 2) Complete assigned MedBridge online courses
- 3) Successfully score >70% on the final written examination

### Clinical:

- 1) Provide a minimum of 30-32 hours of patient care per week and total of greater than 1500 hours over the course of the residency.
  - i. Note: Patient care hours are defined as time spent in patient care, documentation of patient care, direction, and supervision of a physical therapist assistant or student during patient care and conference/rounds on patient care. Mentoring hours are inclusive of the patient-care clinic hours.
- 2) Successfully score >70% on midterm and 80% on final live patient evaluation
- 3) Achieve an average score of 80% on peer chart reviews.
- 4) Participate in all required observational learning experiences, hand therapy, and pediatric sports therapy.
- 5) Maintain patient medical conditions outcome log
- 6) Achieve milestones for the APTA core competency of a physical therapy resident instrument.
  - i. Initial (within 14 days of starting) - Level 1
  - ii. Midterm - At least level 2
  - iii. Final - At least level 4

### Mentoring:

- 1) Complete at least 150 1:1 mentoring hours.
- 2) Complete 40 self-reflection and 40 clinical reasoning worksheets to be done in conjunction with the at least 150 1:1 clinical mentoring hour.

### Scholarly Activity:

- 1) Participate in journal club and active learning sessions.
- 2) Present at least 4 critically appraised topics with an average score of 4 or greater on CAT evaluation form.
- 3) Present at least 4 journal club articles with average score of 4 or greater on journal club evaluation form.

Other: Attend all scheduled meetings with non-faculty advisors for example motivational interviewing, team building leadership, and exit interviews.

## **Administrative Policies and Procedures**

**Policies and Procedures:** As VA staff, residents are subject to general employee policies and procedures of the VA hospital, in addition to program-specific policies and procedures of the Rehabilitation service. The VA outlines their Policies & Procedures during Resident Orientation as well as in the VHA Handbook 1400.04, ***Supervision of Associated Health Trainees***. Residents also receive Staff Orientation Handbooks specific to the areas they will be assigned. These forms and orientation handbooks are available onsite at the facility.

**Non-Discrimination Policy:** In accordance with established nondiscrimination policies for the Bay Pines VA Medical Center, our residency program does not discriminate in any manner on the basis of race, color, ethnicity, gender, sexual orientation, age, religion, disability, veteran's status, or national origin at any time during the residency program, including recruitment, admission, retention, and dismissal of program participants.

**Reasonable Accommodation:** Under federal law, employers are required to make reasonable accommodations for most health conditions, when requested by an employee which would include a resident. In these circumstances, the TD will consult with the Executive TC, ACOS, OAA, Education Service, HR, Legal and/or the Local Reasonable Accommodation Coordinator. Although core competencies and total training time must be achieved, there is often latitude and assistance available to support residents in completing their training programs.

**Privacy and Confidentiality Policies:** All medical records and personal information of patients are kept strictly confidential by following all policies and procedures of the Department of Veterans Affairs. Lawful and ethical protection of confidentiality is expected. All facilities within the Veterans Health Administration (VHA) abide by the Health Insurance Portability and Accountability Act (HIPAA). The Veterans Health Administration utilizes the Electronic Medical System (CPRS) for patient documentation which requires secured login using authorized credentials through the intranet. In addition, residents must follow all VA and VHA policies and procedures related to the nondisclosure of confidential information, including employee personal records, patient records, the release of information, the confidentiality of information transmitted via fax machine, and third-party concurrent medical record review. The residency program, its faculty/staff, and residents must comply with HIPAA regulations. The resident must complete VA's Mandatory Training for Trainees (MTT), which includes all required security and privacy training prior to their arrival at Bay Pines VA.

**Patient Rights:** Patients at the Bay Pines VA are made aware of their rights in various formats, including signs posted throughout the facility, notice of privacy practices automatically printed on the patient's first outpatient visit, and the informed consent process that explains the treatment or procedure a patient is facing. Any consent forms must be approved by the VA in compliance with HIPAA regulations. Residents and supervising faculty that provide patient care must always follow VA policies and procedures in obtaining consent from the patient and documenting the consent or refusal accordingly.



**Random Drug Testing Notification and Acknowledgement Health Professions Trainee (HPT) in Testing Designated Positions including Residents** The VA nationally has established a Drug-Free: Workplace Program, which includes random testing for the use of illegal drugs by employees (including trainees). All residents and fellows who rotate at the VA will be subject to the VA's random drug testing program. Residents should be aware that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) guidelines for drug testing programs.

**Positive Tests** In the event of a positive test, you will be given the opportunity to present a prescription from your doctor to explain prescribed medications during an interview with a VA Employee Health Physician. If you are found to be using illegal drugs or using legal drugs without a valid prescription, you will be removed from duty and sent to Bay Pines Employee Health.

VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:

- refuses to be tested,
- refuses to obtain counseling or rehabilitation after a verified positive drug test, or
- does not refrain from illegal drug use after a verified positive drug test.

**Vaccine Policy:** Pursuant to VHA Directive 1193.01, VHA health care personnel (HCP) are required to be fully vaccinated against COVID-19 subject to such accommodations as required by law (i.e., medical, religious or pregnancy). VHA HCPs do not include remote workers who only infrequently enter VHA locations. If selected, you will be required to be fully vaccinated against COVID-19 and submit documentation of proof of vaccination before your start date. The agency will provide additional information regarding what information or documentation will be needed and how you can request a legally required accommodation from this requirement using the reasonable accommodation process.

**Retention Post-Residency Graduation Policy:** Participation in the program does not entitle the resident to be employed by the Bay Pines VA Healthcare System or the US Department of Veterans Affairs upon completion of the Program. The Resident understands and agrees that Bay Pines VA Healthcare System or the US Department of Veterans Affairs has not made any representation as to the availability of future employment. However, the VA's vision for the future of physical therapist practice embraces the idea of recruiting from a pool of highly skilled, high performing, and dedicated residency graduates. High-performing graduates will be taken into consideration should positions become available in the future.

**Leave Policy:** Both Sick (SL) and Annual Leave (AL) are available for residents to use. Residents accrue four hours of annual leave (AL) and four hours of sick leave (SL) each two-week pay period. This yields a total of 13 AL days and 13 SL days per year.

**Annual Leave:** Any AL requests must be submitted and approved 45 days prior to the planned time off, to allow for proper scheduling changes. All leave requests must be submitted in writing to the residency program director and outpatient physical therapy

supervisor. Confirmation of approval from both the residency program director and PT supervisor must be obtained.

**Sick Leave:** SL is reserved for physical and mental illness only. The resident must notify the program director or outpatient supervisor before 0800 AM of any unexpected leave due to illness. The sick leave number is 727-398-6661 ext. 10323. In the event you are unable to reach a live person, leave a message and reach out directly to the outpatient supervisor or residency director through personal phone lines, to expedite the scheduling needs for the day. Failure to comply will be documented in the resident's main file as AWOL (absent without official leave). An absence of 3 days or more due to illness (self or family member) requires the resident to submit a written statement from the treating physician stating the physician has examined and treated resident or ill family member. Leave must be entered into the online VA Time and Attendance portal (VATAS), within 2 hours of returning from SL.

**FMLA:** VA Directive 5011, Hours of Duty and Leave states that only full-time and part-time employees who have completed at least 12 months are eligible for family leave (FMLA). Sick leave (SL) hours may be used if there are sufficient hours accrued.

**Meeting Program Hours:** Residents need to participate fully in the program to fulfill the requirements set forth by ABPTRFE. These requirements require the resident to complete a significant number of clinical and educational hours. If a resident is unable to meet the hours required for the program due to prolonged sickness or a non-performance issue, the resident can request an unpaid extension for 60 days beyond the residency end date as a without-compensation (WOC) trainee to meet the needed requirements or participate in unpaid weekend clinical hours to make up the lost time. If the resident requires more than 2 months, they will not achieve successful completion of the program (graduation certificate). A certificate of participation may be provided instead.

**Cancellation:** Bay Pines VA and US Department of Veterans Affairs reserves the right to cancel the residency program after an offer letter may have been accepted, before the beginning of the residency, because of changes in *levels of funding, inadequate staffing, insufficient enrollment, or other operational reasons*. Bay Pines VA Healthcare System and the US Department of Veterans Affairs shall have no obligation to pay wages or a stipend or provide any of the benefits described in the offer letter, or any benefits detailed in this handbook, for any period after the program has been canceled. Cancellation is not an anticipated event.

**Malpractice Insurance:** When providing professional services at a VA healthcare facility, protection of supervising practitioners (except those providing services under a contract with VA) and trainees of the affiliated institution are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d). A trainee working under the direction of a VA employee at a non-VA facility with which we have an agreement for the care of veterans is protected from personal liability by the Federal Tort Claims Act.

- The government is liable, under the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d), which amends the Federal Tort Claims Act,

for malpractice claims involving trainees who were acting within the scope of their educational program. Trainees in both VA- sponsored and affiliate-sponsored programs are covered for malpractice claims under this act.

- All trainees must be supervised by practitioners with relevant clinical privileges during all clinical activities related to their specific educational program. The supervising practitioner is professionally and legally responsible for the care provided by trainees.
- The policy for notification of licensed practitioners that a claim for malpractice has occurred is specified in VHA Directive 2009-032. Under this policy, the medical center director must provide written notification to all named licensed practitioners who were assigned to provide care to the patient listed in the tort claim. This notification must occur within 30 days from the date that a regional counsel notifies a director that a claim for medical malpractice has been filed under the Federal Tort Claims Act. In addition, the DEO, the training program director, and any trainees listed in the claim must be notified.
- The VA medical center has a responsibility, as a part of its monitoring procedures for trainee supervision, to review any incident reports and tort claims involving trainees. Trainees will not ordinarily be reported to the National Practitioner Data Bank unless an individual trainee was grossly negligent, disregarded instructions of the supervising practitioner, or acted with willful professional misconduct (38 CFR Part 46; Policy Regarding Participation in National Practitioner Data Bank). Generally, it is the name of the supervising practitioner that is entered into the NPDB and not the trainee.
- VA-sponsored trainees who engage in clinical activities at a non-VA site are provided the same protection by the Federal Tort Claims Act as if they were at the VA as long as this provision is appropriately addressed in the Affiliation Agreement with the non-VA site. (See VHA Directive 1402.1, Malpractice Coverage of Trainees in VA-sponsored Programs When They Are Performing Professional Services at a non-VA Facility).

## **Due Process, Remediation, Grievance and Dismissal Procedures**

(1) VA provides organized programs for the education and supervision of trainees, facilitating their professional and personal development while ensuring safe and appropriate care for veterans. Trainees come to VA with a wide range of developing competencies and are still in the formative stages of their careers. Trainees are not expected to be fully competent in all areas of professional practice, but rather to exhibit clinical knowledge, skills, and attitudes congruent with their level of training.

(2) Supervising practitioners recognize the stresses of training and the vulnerability of trainees. They must monitor the well-being of trainees and remain alert for signs of fatigue, illness, impairment, or disruptive behavior in trainees. When a performance problem is noted, a trainee's supervising practitioner must address it.

(3) If a supervising practitioner is concerned that a trainee is *not* acquiring detailed factual knowledge, developing clinical skills, professional competencies, or demonstrating professional standards of conduct to an acceptable degree, these concerns must be raised with the Program Director at VA or affiliate.

(4) Trainee performance deficiencies or failures may take a variety of forms and result from many causes. Any of the following problems or deficits may result in adverse action, including failure or termination, depending upon the severity of the problem. The specific requirements for any disciplinary action are set forth in VA Handbook 5021.

**Performance-Related Problems:** Performance-related problems that are unlikely to result in an adverse reaction but require corrective action should be handled within the context of the academic training program. These problems should be resolved at the lowest supervisory level and in a way that enhances the professional development of the trainee. If a Resident receives an unsatisfactory rating, fails any written assignments or exams, or fails to exhibit performance of knowledge, skills and abilities expected of the resident then the Resident will be placed on academic probation with a requirement to remediate the material and successfully pass a subsequent test of the material or skill performance. Depending on the nature of the performance problem the residency program may take several concurrent courses of action. These could include:

1. Increasing the amount of supervision, either with the same or other supervisors
2. Change in the format, emphasis, and/or focus of supervision.
3. Reducing the resident's clinical or other workload
4. Requiring specific academic coursework

A second instance of an unsatisfactory rating or failure of any written assignments or exams will result in dismissal from the residency program.

**Problematic Behaviors:** Problematic behaviors are defined as those behaviors that disrupt the resident's professional role and ability to perform required job duties including the quality of the Resident's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or ethical behavior. It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanctions, the residency faculty and mentors must be mindful and balance the needs of the impaired or problematic resident and other pertinent stakeholders.

In the case of problematic behavior, the following procedure should be followed.

1. The first instance of unsatisfactory conduct or performance will trigger a discussion regarding the issue between the resident and the faculty involved. Depending on the nature and seriousness of the incident, this first discussion may or may not be formally documented but will be shared with the Program Director. The Program Director will discuss the incident with any other parties involved as well as the resident. Discussions should take place within 48 hours after the first instance.
2. Problematic Behavior that continues despite the initial discussion will place the resident on probation with the development of a formal written action plan. The faculty will state, in writing, the nature of the unsatisfactory conduct, including prior discussions and interventions attempts and outline the action plan designed to remediate the problematic behavior, a timeline for improvement and any conditions of probation. This letter will be shared with and signed by both the resident and the program director. The letter and remediation plan should be established within 48 hours following any meeting discussing continuation of prior problematic behavior.
3. Failure to meet the terms of probation or to follow through with the action plan within the time established will result in dismissal from the residency program.

**Substantive problems:** Problems that are based on academic or professional deficiencies may require corrective actions, which may include formal remediation or dismissal of the trainee from further VA training. Any performance or competency concerns that do not resolve, despite manager, supervisor, or preceptor input and/or remediation, will be considered a substantive problem. Additionally, an isolated act of gross negligence or poor clinical performance may also be considered a substantive problem. Adverse Action where performance problems are serious or egregious in nature must follow established VA procedures, found **in VA Handbook 5021**. In addition to the remediation and remediation alternatives listed above, disciplinary action may result in the resident's referral to the VA Employee Assistance program (EAP). It is a voluntary program with short-term counseling and referral services. This program is detailed in **VA Handbook 5019**.

*The following problems or deficits may result in adverse action such as immediate dismissal and termination. Examples of substantive problems include:*

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable federal, state, or local laws.
3. Impaired status, a condition in which a trainee is unable to fulfill program requirements adequately due to an emotional or physical condition, including mental illness, substance abuse, being under the influence of drugs or alcohol, sleep deprivation, or emotional distress.
4. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment, or that interferes with Veteran care and/or other unprofessional behaviors.
5. Failure to function within graduated levels of responsibility or to communicate significant Veteran care issues to the supervising practitioner that could impact patient safety.
6. Gross patient safety errors or failures.
7. Breach or disregard of any pertinent VA, Bay Pines VA, Physical Medicine and Rehabilitation Service, or Physical Therapy Residency Program policies and procedures
8. Failure to fulfill requirements or obligations set forth within a remediation plan.
9. Absent without official leave or excessive absence.
10. Loss or suspension of a physical therapy license due to disciplinary action.
11. Failure to meet employment requirements of the Bay Pines Veterans' Hospital or Physical Therapy Residency Program
12. Failure to abide by the state practice act within the state in which the resident holds a current license.

**Dismissal Procedures:** The resident will be presented with a written notice of dismissal from the program. The letter will state the specific performance or behaviors that qualify for dismissal from program. The resident may submit a written request for a dismissal hearing within 7 days of receiving this letter. A hearing may be appropriate such as in cases of performance problems and problematic behavior. The hearing will be run by the PT supervisor, the PMRS chief, and the Associate Chief of Staff for Education/DEO. During the hearing the resident will present a written complaint and provide any relevant supporting documentation. The residency director will also present any relevant or supporting information. A final decision will be made within 7 business days from this meeting. Once the decision for dismissal is final, the resident will be terminated from VA employment and any remaining funding towards resident salary would be returned to the Office of Academic Affiliations.

**Due Process:** Due process ensures that decisions about residents are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures that are applied to all trainees and provide appropriate appeal procedures available to the resident. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the resident, in writing, the program's expectations related to professional functioning discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the resident that describes how the resident may appeal the program's actions, as covered in this handbook.
6. Ensuring that residents have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the resident's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

**Grievance Policy:** This section provides guidance to assist residents who wish to file complaints against staff members or regarding program experience. Examples of grievances could include. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, and other staff conflicts) during his/her training experiences. If the resident wishes to pursue a grievance/appeal, they should follow the following steps:

1. Discuss the issue with the staff member(s) involved.
2. If the issue cannot be resolved after this discussion, the resident should discuss the concern with the residency program director.
3. If the residency director cannot resolve the issue, the resident should discuss the problem with the outpatient PT supervisor, then the PMRS Section Chief (in that order).
4. If the resident has a concern with the residency director that has not been resolved through discussion with the director, the resident can discuss the problem with the PT supervisor.
5. If the issue has not resolved after following any of the steps outlined above then the resident can request a meeting with the PMRS section chief, PT supervisor, and Associate Chief of Staff for Education/DEO. The meeting should be scheduled within 7 business days of receiving the resident request. The resident should present at this meeting a written complaint with supporting documentation and the residency director should present any relevant

supporting documentation. The PMRS section chief, PT supervisor, and Associate Chief of Staff for Education/DEO will decide on final action regarding the complaint within 7 business days.

**Additional Assistance:** At any stage of the process, the Resident may request additional assistance and/or consultation. Resources for outside consultation include:

VA Office of Resolution Management (ORM) –  
Department of Veterans Affairs  
Office of Resolution Management (08)  
810 Vermont Avenue, NW, Washington, DC 20420  
1-202-501-2800 or Toll-Free: 1-888- 737-3361  
<http://www4.va.gov/orm/>

**Filing Complaints directly to ABPTRFE:** Residents also have the right to file a formal complaint with the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE). Residents can contact ABPTRFE directly if they feel that the Program has not met the achieved expectations as outlined in this handbook. ABPTRFE accepts only written or emailed complaints that include the complainant's name, contact information, and a summary of the complaint. Where circumstances warrant, the complainant may remain anonymous to the program; however, all identifying information must be provided to ABPTRFE. Residents may find additional information at: <https://abptrfe.apta.org/complaints>

Procedure for submitting complaints to ABPTRFE:

1. Any person (Complainant) may submit a complaint about a credentialed post-professional residency or fellowship program (Program) to the American Physical Therapy Association's (APTA) American Board of Physical Therapy Residency and Fellowship Education (Board), in care of the APTA's Department of Residency/Fellowship & Specialist Certification.
2. Upon receipt of a complaint, APTA staff from the Department of Residency/Fellowship & Specialist Certification will forward a copy of the Post-Professional Residency & Fellowship Program Requirements as part of the ABPTRFE policies and procedures manual, Procedures for Handling Complaints about a Credentialed Residency or Fellowship Program, and a Complaint Form to the Complainant.
3. A Complainant must complete and sign a Complaint Form and submit it to APTA Department of Residency/Fellowship & Specialist Certification. By submitting a Complaint Form, the Complainant confirms that he/she is willing to have the Complaint Form known to the Program and agrees that the Complaint Form may be shared with the Program.
4. APTA staff will review all Complaint Forms to determine if the Complaint Form relates to matters within the scope of the Post-professional Residency & Fellowship Program Requirements (Requirements) or Residency/Fellowship Program Agreement (Agreement).
  - a. If the Complaint Form does NOT relate to matters within the scope of the



- Requirements or Agreement, staff will so advise the Complainant, and the Complaint Form will not be sent to the Board.
- b. If the Complaint Form DOES relate to matters within the scope of the Requirements or Agreement, staff will so advise the Complainant, and staff will send the Complaint Form (with all attachments, including supporting documentation) to the Board for review.
5. The Board will review the Complaint Form to determine whether the allegations, if true, would justify action by the Board.
    - a. If the Board determines that the allegations, if true, would NOT justify action by the Board, it will so advise the Complainant, and the matter will be closed.
    - b. If the Board determines that the allegations, if true, WOULD justify action by the Board, it will send the Complaint Form (with all attachments, including supporting documentation) to the Program for response, and it will request any additional information it deems relevant to determining whether the Program is- in compliance with the Requirements or Agreement.
  6. The Program will be responsible for responding to the Complaint Form and any associated request for information within 45 days, or such other period as the Board may specify.
  7. The Board (and APTA staff) will share with the Program only the Complaint Form and supporting documentation. APTA staff will not provide the Program any initial letter(s) of complaint (except to the extent such material may be part of the supporting documentation submitted by the Complainant).
  8. APTA staff will provide the Program's response to the Complaint Form and any associated request for information to the entire Board for review.
  9. Within 45 days of receipt of the Program's response, the Board will:
    - a. Determine the Program is Out of Compliance and:
      - i. Withdraw the credentialed status of the Program, or
      - ii. Request additional evidence to show compliance with designated requirements at the next annual review or as designated by the Board; or
    - b. Determine that the Program complies and:
      - i. Take no action, or
      - ii. Request additional evidence to show continued compliance at the next annual review.
  10. With respect to any Complaint Form sent to the Program for response, the Board will notify the Program and the Complainant of its decision.